

Village of Wauconda
Freedom of Information Request

Date _____

The following information is requested in accordance with the Illinois Freedom of Information Act, Illinois Compiled Statutes, Chapter 5, Act 140. I understand that the cost for copies of information or documents requested is twenty-five cents (\$.25) per page. Payment is required in advance, prior to receiving copies.

I would like _____ to inspect
 _____ to receive photo copies of
 the following information / document:

Name _____
 Signature _____
 Address _____

 Phone No.: _____
 Approved _____

Village Administrator

OFFICE USE ONLY:

Received By: _____

Date Received: _____

Village of Wauconda
 101 N. Main Street
 Wauconda, IL 60084
 Phone (847) 526-9600
 Fax (847) 526-8809

Review of Ordinance and Village Board and Advisory Commission/Committee minutes may be reviewed or copies without the prior approval of the Village Administrator.